

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of the Authority may be indicated by the applicant on the line below:

IPEA/US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty

For International Preliminary Examining Authority use only

Identification of IPEA

Date of Receipt of DEMAND

Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION

Applicant's or agent's file reference
B1075.71018

International Application No.
PCT/US2004/009610

International Filing Date (day/month/year)
29 March 2004 (29.03.2004)

(Earliest) Priority date (day/month/year)
28 March 2003 (28.03.2003)

Title of Invention
JUNCTION OF CATHETER TIP AND ELECTRODE

Box No. II APPLICANT(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

C.R. BARD, INC.
730 Central Avenue
Murray Hill, New Jersey 07974
United States of America

Telephone No.:

Facsimile No.:

Teleprinter No.:

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)
STEVENS-WRIGHT, Debbie
175 Candlestick Road
North Andover, Massachusetts 01845
United States of America

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

☐ Further applicants are indicated on a continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representative

And ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Attorney, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

MORRIS, James H.
 Wolf, Greenfield & Sacks, P.C.
 600 Atlantic Avenue
 Boston, Massachusetts 02210
 United States of America

Telephone No.:
(617) 720-3500Facsimile No.:
(617) 720-2441

Teleprinter No.:

☐ **Address for Correspondence:** Mark this check box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed to include the Rectification of Obvious Errors as filed on 01 July 2004

the description ☐ as originally filed
☐ as amended under Article 34

the claims ☐ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☒ as amended under Article 34

the drawings ☐ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).4. ☐ The applicant wishes the start of the international preliminary examination to start earlier than the expiration of the applicable time limit under Rule 69.1(d).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

- ☒ which is the language in which the international application was filed.
☐ which is the language of a translation furnished for the purposes of international search.
☐ which is the language of publication of the international application
☐ which is the language of the translation to be furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECKLIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | | | |
|----|---|---|---|--------|
| 1. | translation of international application | : | | sheets |
| 2. | amendments under Article 34 | : | 6 | sheets |
| 3. | copy (or, where required, translation) of amendments under Article 19 | : | | sheets |
| 4. | copy (or, where required, translation) of statement under Article 19 | : | | sheets |
| 5. | letter | : | 5 | sheets |
| 6. | other (<i>specify</i>) | : | | sheets |

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Received not received


<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet
2. <input type="checkbox"/> separate signed power of attorney
3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 4. <input type="checkbox"/> statement explaining lack of signature
5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form
6. <input checked="" type="checkbox"/> other (<i>specify</i>):
Transmittal letter
Postcard
Check |
|---|--|

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


AMUNDSEN, Eric

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- | | |
|--|---|
| 1. Date of actual receipt of DEMAND: | |
| 2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b): | |
| 3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. | <input type="checkbox"/> The applicant has been informed accordingly. |
| 4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5. | |
| 5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82. | |
| 6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8 below, does not apply. | |
| 7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5. | |
| 8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54Bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82. | |

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

For International Preliminary Examining Authority use only

International Application No. PCT/US2004/009610	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>								
Applicant's or agent's File reference: B1075.71018	Date stamp of the IPEA								
Applicant C.R. BARD, INC. ET AL.									
Calculation of prescribed fees									
1. Preliminary examination fee	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 5px;">\$750.00 (USPTO was not ISA)</td> <td style="padding: 5px; text-align: center;">P</td> </tr> </table>	\$750.00 (USPTO was not ISA)	P						
\$750.00 (USPTO was not ISA)	P								
2. Handling fee	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 5px;">\$162.00</td> <td style="padding: 5px; text-align: center;">H</td> </tr> </table>	\$162.00	H						
\$162.00	H								
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<table border="1" style="display: inline-table; border-collapse: collapse; width: 150px;"> <tr> <td style="padding: 5px; text-align: center;">\$912.00</td> </tr> <tr> <td style="padding: 5px; text-align: center;">TOTAL</td> </tr> </table>	\$912.00	TOTAL						
\$912.00									
TOTAL									
Mode of Payment									
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> cash </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> cheque </td> <td style="vertical-align: top;"> <input type="checkbox"/> revenue stamps </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> postal money order </td> <td style="vertical-align: top;"> <input type="checkbox"/> coupons </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> bank draft </td> <td style="vertical-align: top;"> <input type="checkbox"/> other (specify): </td> </tr> </table>		<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash								
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps								
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons								
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):								
Deposit Account Authorization (this mode of payment may not be available at all IPEAs) The IPEA/US <input type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account. <input checked="" type="checkbox"/> (this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.									
23/2825	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>28/1/2005</u> Date (day/month/year) </div> <div style="text-align: center;">  AMUNDSEN, Eric </div> </div>								

Deposit Account Number

Date (day/month/year)

AMUNDSEN, Eric

Form PCT/IPEA/401 (Annex) (July 1998; reprint January 2000)

See notes to the fee calculation sheet